



Mark Sanford
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**Therapeutic Pharmaceutical Agents
Affidavit of Clinical Training**

I, _____, O.D., certify that I have read and understand Section 40-37-103(B)(4), South Carolina Code of Laws (1976), as amended, and toward that requirement have completed 1200 hours or more of clinical training in optometry school.

_____, O.D.
Signature

Date